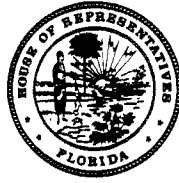


Future of Florida's Families Committee

**October 19, 2005
10:15 AM – 12:00 PM
12 House Office Building**



Florida House of Representatives

Future of Florida's Families Committee

Allan G. Bense
Speaker

Bill Galvano
Chair

Aaron Bean
Vice Chair

AGENDA

October 19, 2005
10:15 a.m. – 12:00 noon
12 HOB



Consideration of the following bill:

HB 21 by Peterman - Social Status of African-American Men and Boys

Discussion of Public Hearings on the Prevention of Child Abuse and Neglect

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 21 Social Status of African-American Men and Boys
SPONSOR(S): Peterman
TIED BILLS: None. **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Future of Florida's Families Committee		Davis 	Collins 
2) Justice Appropriations Committee			
3) Health & Families Council			
4) _____			
5) _____			

SUMMARY ANALYSIS

This bill creates a 19-member Council on the Social Status of African American Men and Boys to make a systematic study of the conditions affecting African American men and boys, including, but not limited to, the homicide rates, arrest and incarceration rates, poverty, violence, drug abuse, death rates, disparate annual income levels, school performance in all grade levels including postsecondary levels, and health issues.

The members of the council shall consist of legislators, various government officials, and persons appointed by the Speaker of the House of Representatives, President of the Senate, and the Governor, and shall be staffed by the Office of the Attorney General.

The council shall issue its first annual report by December 15, 2007, and by December 15 of each following year, stating the findings, conclusions, and recommendations of the council.

The Attorney General's Office states the need for three FTEs with a fiscal impact of \$181,751.

This act shall take effect July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide Limited Government: According to the Attorney General's Office, this bill will require three additional FTE positions in order to administer the council. Members of this council may include elected officials, government employees and private sector employees. Serving on this board will create additional responsibilities, obligations, and work for these individuals.

B. EFFECT OF PROPOSED CHANGES:

Present Situation:

The social status of African American men and boys has declined over the last decade, causing great concern throughout society. According to the bill sponsor, the effects of social policy as it relate to African American males have a direct impact on the lives of all Florida citizens. Therefore, the social status of African American males must be met with remedies. The social issues that require the most considerable attention include:

- **Physical and Mental Health:** According to the Harvard Medical School's Consumer Health Information Center, black men live an average of 7.1 years less than other racial groups. Almost 12% of African American males suffer from depression and less than 16% of black men seek needed mental health treatment.
- **Unemployment:** According to the Alternative School Network, over the past five years, one in every four black men in the United States was permanently unemployed, a rate double that of white men.
- **Incarceration:** According to the Department of Justice, in 2003, over 9% of all black males aged 26 to 29 were incarcerated. According to the Justice Policy Institute, black men in their early 30's are twice more likely to have prison records than Bachelor degrees. Finally, according to the Florida Department of Corrections, in 2004, 51.9% of Florida's prison population consisted of African American males.
- **Education:** According to the American Council on Education, over the past decade, the high school graduation rate for black men has fallen 43%. The Department of Education reported in January 2005 that while the majority of dropouts in 2003-04 were white students, dropout rates were highest among Black and Hispanic students. Of the 25,587 dropouts reported for grades 9-12 in the 2003-04 school year, 7,801 (30.5 percent) were Black. The dropout rate for Blacks fell from 5.5 percent in 1999-00 to 3.6 percent in 2003-04. Dropout rates also vary by gender group, with males having a higher parentage of dropouts than females.

According to the Bureau of Justice Statistics, from 1976 to 2000, 94% of black homicide victims were killed by other blacks. The Centers for Disease Control and Prevention cite homicide as the leading cause of death for black males between the ages of 15 and 34, with 4,412 such victims in 2000 alone.

From 1976 to 2000, 195,757 African American males have been victims of homicide according to the Federal Bureau of Investigation. That figure does not include the 56,776 murdered African American females, which brings the total Black homicide count over the past 27 years to 252,533. The White homicide toll between the same time frame totals 275,529, which means the Black rate is more than six times higher, about 20.5 to 3.3 per 100,000.

Highlights of the Equality Index Findings in Five Areas include:

On March 24, 2003, as part of "The State of Black America 2004: The Complexity of Black Progress," the National Urban League released an "Equality Index," a statistical measurement of the disparities that exist between blacks and whites in economics, housing, education, health, social justice and civic engagement.

- Economics – Black economic status measures 56% of white counterparts
- Health - Blacks' health status measures 78% of whites
- Education - Total educational performance is 76% as compared to whites
- Social Justice – When it comes to equality under the law, blacks' status is 73%
- Civic Engagement – Blacks out measure whites in the area of civic engagement (voter registration, volunteerism, government service).
 - **Democratic Process:** The registered voter index shows a slightly higher percentage of whites registered to vote than blacks.
 - **Volunteerism:** Volunteerism includes both community volunteerism and military volunteerism. Military volunteerism indicates that a substantially higher percentage of blacks volunteer in the military. The unionism index shows a higher percentage of blacks in unions than whites. Union representation index shows that blacks are more concentrated in union jobs than whites.
 - **Government Employment:** Federal Government Employment index shows a greater percentage of blacks employed by federal government than whites, almost twice the rate. The index shows significantly more blacks concentrated in State and Local Government jobs than whites.

According to the Centers for Disease Control and Prevention, poverty rarely kills directly. Few people drop dead in the streets from hunger or exposure to the elements. Poverty does produce a range of physical and psychological stresses, and some reactions to these stresses are expressed in behaviors that destroy life. Members of the victim group may contribute to their own victimization through adaptations to bleak life conditions that include violence directed at self or others (e.g., suicide and homicide) as well as self-destructive lifestyles (notably addiction to drugs and alcohol).

The Florida Consortium of Urban Leagues conducts a Statewide Black-on-Black Crime Prevention Program to combat crime in the African-American community. This program is funded by the Florida Legislature through the Florida Department of Legal Affairs. The Pinellas County Urban League is the lead affiliate for this campaign, which also includes the Urban League affiliates in Ft. Lauderdale, Jacksonville, Miami, Orlando, Tallahassee, Tampa, and West Palm Beach.

This program is designed as a public awareness and education effort to motivate the Black community to support, promote, and participate in crime prevention programs and activities. This campaign also focuses on methods and measures of increasing public awareness and educating the Black community on the extent of crime in the Black community. Although awareness and education are necessary first steps, the elimination of crime in Black communities is the program's ultimate goal.

While each affiliate is granted flexibility in choosing the techniques and activities deemed most appropriate in addressing the particular needs of their respective communities, the Consortium as a whole works to achieve common objectives as outlined in the program's contract.

According to the bill sponsor, social issues facing African American males are not limited to Florida. Other state legislatures have realized the social problems facing African American males and have created councils to remedy the problems within their own states. These commissions include:

- Ohio Commission on African American Males
- Indiana Commission on the Social Status of Black Males

- Washington, D.C. Commission on African American Males
- Maryland Task Force on the Education of African American Males

Effects:

The main purpose of this bill is to address the high preponderance of African Americans committing homicide against one another. The council, in an attempt to address this issue, will consist of 19 members that will be appointed. Two members each from the House and Senate not from the same political party will serve on this council. The members from the House will be appointed by the Speaker of the House and the members from the Senate will be appointed by the Senate President. The other members appointed to this committee will include the following or their designee: the Secretary of the Department of Children and Families; the director of the Mental Health Program Office within the Department of Children and Families; the Secretary of Health; the Secretary of Education; the Secretary of Corrections; the Attorney General; the Secretary of Management Services; the director of the Agency for Workforce Innovation; a business person of African-American origin appointed by the Governor; two members appointed by the President of the Senate and two members appointed by the Speaker of the House who are not members of the Legislature or employed by state government; the deputy secretary for Medicaid; and the Secretary of Juvenile Justice.

The council in addressing the high preponderance of "black on black" crime in this state, shall make a systematic study of the conditions affecting African American men and boys, including, but not limited to, the homicide rates, arrest and incarceration rates, poverty, violence, drug abuse, death rates, disparate annual income levels, school performance in all grade levels including postsecondary levels, and health issues.

Once this study has been conducted, the council shall propose measures to alleviate and correct the underlying causes of the conditions described above. These measures may consist of changes to the law or systematic changes that can be implemented without legislative action. The council may study other topics suggested by the Legislature or as directed by the chair of the council. The council shall receive suggestions or comments pertinent to the applicable issues from members of the Legislature, governmental agencies, public and private organizations, and private citizens. The council shall meet quarterly and by the call of the chair or as determined by a majority of council members.

The Office of the Attorney General shall provide staff and administrative support to the council. The Office of the Attorney General submitted a fiscal impact of \$182,751 for three FTE positions, administrative support, as well as traveling expenses for the council.

The council shall issue its first annual report by December 15, 2007, and by December 15 of each following year. The report will outline the findings, conclusions, and recommendations of the council. These findings shall be submitted to the Governor, the President of the Senate, the Speaker of the House, and the chairpersons of the standing committees of jurisdiction in each chamber.

This council shall expire July 1, 2012, unless reenacted by the Legislature. This act shall take effect July 1, 2006.

C. SECTION DIRECTORY:

Section 1. Creates a Council on the Social Status of African American Men and Boys.

Section 2. Provides an effective date of July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

Recurring Budget:

Office of the Attorney General

FY 2005-06

3 FTE Positions

S/B:

\$123,194

Expenses:

\$52,478

OCO:

\$5,900

HR:

\$1,179

Total:

\$181,751

Non-Recurring Budget:

Expenses:

\$9,427

OCO:

\$5,900

Total:

\$15,377

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

During the 2005 session, HB 1187 was proposed which created the same council proposed in HB 21. HB 1187, however, had 21 members on the council and the Attorney General's Office attached a fiscal note of \$131,813. HB 21 has only 19 members on the council and the Attorney General's Office has provided a fiscal impact statement of \$182,751.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditures of funds. The bill does not reduce the percentage of a state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill does not provide rulemaking authority to the Attorney General's Office.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

HB 21

2006

A bill to be entitled

An act relating to the social status of African-American men and boys; creating the Council on the Social Status of African-American Men and Boys; providing for the appointment and qualification of members; providing for the appointment of members to fill vacant positions; requiring the council to make a systematic study of conditions affecting African-American men and boys; requiring the Office of the Attorney General to provide administrative support; requiring the council to submit an annual report to the Governor and Legislature; providing for reimbursement for per diem and travel expenses; requiring the Attorney General to organize the initial meeting of the council; providing for the expiration of the council; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Council on the Social Status of African-American Men and Boys.--

(1) The Council on the Social Status of African-American Men and Boys is established and shall consist of 19 members appointed as follows:

(a) Two members of the Senate who are not members of the same political party, appointed by the President of the Senate with the advice of the Minority Leader of the Senate.

(b) Two members of the House of Representatives who are not members of the same political party, appointed by the

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Speaker of the House of Representatives with the advice of the
Minority Leader of the House of Representatives.

(c) The Secretary of Children and Family Services or his
or her designee.

(d) The director of the Mental Health Program Office
within the Department of Children and Family Services or his or
her designee.

(e) The Secretary of Health or his or her designee.

(f) The Commissioner of Education or his or her designee.

(g) The Secretary of Corrections or his or her designee.

(h) The Attorney General or his or her designee.

(i) The Secretary of Management Services or his or her
designee.

(j) The director of the Agency for Workforce Innovation or
his or her designee.

(k) A businessperson of African-American origin appointed
by the Governor.

(l) Two persons appointed by the President of the Senate
who are not members of the Legislature or employed by state
government. One of the appointees must be a clinical
physiologist.

(m) Two persons appointed by the Speaker of the House of
Representatives who are not members of the Legislature or
employed by state government. One of the appointees must be an
Africana studies professional.

(n) The deputy secretary for Medicaid in the Agency for
Health Care Administration or his or her designee.

(o) The Secretary of Juvenile Justice or his or her

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57 | designee.

58 | (2) A member of the council may be removed at any time by
59 | the member's appointing authority who shall fill the vacancy on
60 | the council.

61 | (3)(a) At the first meeting of the council each year, the
62 | members shall elect a chair and a vice chair.

63 | (b) A vacancy in the office of chair or vice chair shall
64 | be filled by vote of the remaining members.

65 | (4)(a) The council shall make a systematic study of the
66 | conditions affecting African-American men and boys, including,
67 | but not limited to, homicide rates, arrest and incarceration
68 | rates, poverty, violence, drug abuse, death rates, disparate
69 | annual income levels, school performance in all grade levels
70 | including postsecondary levels, and health issues.

71 | (b) The council shall propose measures to alleviate and
72 | correct the underlying causes of the conditions described in
73 | paragraph (a). These measures may consist of changes to the law
74 | or systematic changes that can be implemented without
75 | legislative action.

76 | (c) The council may study other topics suggested by the
77 | Legislature or as directed by the chair of the council.

78 | (d) The council shall receive suggestions or comments
79 | pertinent to the applicable issues from members of the
80 | Legislature, governmental agencies, public and private
81 | organizations, and private citizens.

82 | (5) The Office of the Attorney General shall provide staff
83 | and administrative support to the council.

84 | (6) The council shall meet quarterly and at other times at

85 the call of the chair or as determined by a majority of council
86 members.

87 (7) Ten of the members of the council shall constitute a
88 quorum, and an affirmative vote of a majority of the members
89 present is required for final action.

90 (8) The council shall issue its first annual report by
91 December 15, 2007, and by December 15 each following year,
92 stating the findings, conclusions, and recommendations of the
93 council. The council shall submit the report to the Governor,
94 the President of the Senate, the Speaker of the House of
95 Representatives, and the chairpersons of the standing committees
96 of jurisdiction in each chamber.

97 (9) Members of the council shall serve without
98 compensation, but members who are not government employees are
99 entitled to reimbursement for per diem and travel expenses as
100 provided in s. 112.061, Florida Statutes.

101 (10) Notwithstanding subsection (6), the Attorney General
102 shall:

103 (a) Within 60 days after the effective date of this act,
104 fix a date for the initial meeting of the council.

105 (b) Notify each member of the council of the time, date,
106 and place where the initial meeting will be held.

107 (c) Make any other arrangements concerning the initial
108 meeting of the council.

109 (d) Serve as the presiding officer at the initial meeting
110 of the council until a chair is elected.

111 (11) This section expires July 1, 2012, unless reenacted
112 by the Legislature.

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113 | Section 2. This act shall take effect July 1, 2006.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

Bill No. **HB 21**

COUNCIL/COMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION _____ (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Council/Committee hearing bill: Future of Florida's Families
Representative(s) Peterman offered the following:

Amendment

Remove everything after the enacting clause and insert:

Section 1. Council on the Social Status of African-
American Men and Boys.--

(1) The Council on the Social Status of African-American
Men and Boys is established within the Department of Legal
Affairs and shall consist of 19 members appointed as follows:

(a) Two members of the Senate who are not members of the
same political party, appointed by the President of the Senate
with the advice of the Minority Leader of the Senate.

(b) Two members of the House of Representatives who are
not members of the same political party, appointed by the
Speaker of the House of Representatives with the advice of the
Minority Leader of the House of Representatives.

(c) The Secretary of Children and Family Services or his
or her designee.

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

21 (d) The director of the Mental Health Program Office
22 within the Department of Children and Family Services or his or
23 her designee.

24 (e) The Secretary of Health or his or her designee.

25 (f) The Commissioner of Education or his or her designee.

26 (g) The Secretary of Corrections or his or her designee.

27 (h) The Attorney General or his or her designee.

28 (i) The Secretary of Management Services or his or her
29 designee.

30 (j) The director of the Agency for Workforce Innovation or
31 his or her designee.

32 (k) A businessperson of African-American origin appointed
33 by the Governor.

34 (l) Two persons appointed by the President of the Senate
35 who are not members of the Legislature or employed by state
36 government. One of the appointees must be a clinical
37 physiologist.

38 (m) Two persons appointed by the Speaker of the House of
39 Representatives who are not members of the Legislature or
40 employed by state government. One of the appointees must be an
41 Africana studies professional.

42 (n) The deputy secretary for Medicaid in the Agency for
43 Health Care Administration or his or her designee.

44 (o) The Secretary of Juvenile Justice or his or her
45 designee.

46 (2) A member of the council may be removed at any time by
47 the member's appointing authority who shall fill the vacancy on
48 the council.

49 (3)(a) At the first meeting of the council each year, the
50 members shall elect a chair and a vice chair.

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

51 (b) A vacancy in the office of chair or vice chair shall
52 be filled by vote of the remaining members.

53 (4) (a) The council shall make a systematic study of the
54 conditions affecting African-American men and boys, including,
55 but not limited to, homicide rates, arrest and incarceration
56 rates, poverty, violence, drug abuse, death rates, disparate
57 annual income levels, school performance in all grade levels
58 including postsecondary levels, and health issues.

59 (b) The council shall propose measures to alleviate and
60 correct the underlying causes of the conditions described in
61 paragraph (a). These measures may consist of changes to the law
62 or systematic changes that can be implemented without
63 legislative action.

64 (c) The council may study other topics suggested by the
65 Legislature or as directed by the chair of the council.

66 (d) The council shall receive suggestions or comments
67 pertinent to the applicable issues from members of the
68 Legislature, governmental agencies, public and private
69 organizations, and private citizens.

70 (5) The Office of the Attorney General shall provide staff
71 and administrative support to the council.

72 (6) The council shall meet quarterly and at other times at
73 the call of the chair or as determined by a majority of council
74 members and approved by the Attorney General.

75 (7) Ten of the members of the council shall constitute a
76 quorum, and an affirmative vote of a majority of the members
77 present is required for final action.

78 (8) The council shall issue its first annual report by
79 December 15, 2007, and by December 15 each following year,
80 stating the findings, conclusions, and recommendations of the

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

81 council. The council shall submit the report to the Governor,
82 the President of the Senate, the Speaker of the House of
83 Representatives, and the chairpersons of the standing committees
84 of jurisdiction in each chamber.

85 (9) Members of the council shall serve without
86 compensation. Members are entitled to reimbursement for per diem
87 and travel expenses as provided in s. 112.061, Florida Statutes.
88 State officers and employees shall be reimbursed from the budget
89 of the agency through which they serve. Other members may be
90 reimbursed by the Department of Legal Affairs.

91 (10) Notwithstanding subsection (6), the Attorney General
92 shall:

93 (a) Within 60 days after the effective date of this act,
94 fix a date for the initial meeting of the council.

95 (b) Notify each member of the council of the time, date,
96 and place where the initial meeting will be held.

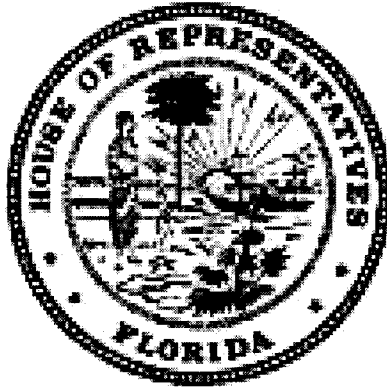
97 (c) Make any other arrangements concerning the initial
98 meeting of the council.

99 (d) Serve as the presiding officer at the initial meeting
100 of the council until a chair is elected.

101 (11) This section expires July 1, 2012, unless reenacted
102 by the Legislature.

103 Section 2. This act shall take effect July 1, 2006.

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SUMMARY OF PUBLIC HEARINGS ON PREVENTION OF CHILD ABUSE AND NEGLECT

Jacksonville, September 22, 2005
Tampa, September 29, 2005
Miami, October 3, 2005
West Palm Beach, October 11, 2005

Representative Bill Galvano, Chair	
Representative Aaron Bean, Vice Chair	
Representative Ralph Arza	Representative Rich Glorioso
Representative Susan Bucher	Representative Susan Goldstein
Representative Mike Davis	Representative Will Kendrick

SUMMARY OF ORGANIZATIONAL MEETING and PUBLIC HEARINGS

In conjunction with a 2005 Interim Project, Speaker Allan Bense granted permission for the members of the Future of Florida's Families Committee to conduct a series of public hearings throughout the state from September through October 2005. The purpose of these hearings was to bring awareness to the impact on Florida's families of abuse, neglect, molestation, abandonment, and death of children. Each meeting had a predetermined "theme" allowing committee members an opportunity to hear information on each of the unique components that make up the child maltreatment continuum.

The following is a reflection of each of the presenter's comments. Therefore, staff has not verified any references to studies or statistical information. This summary is only intended as a reference to the testimony received at each meeting.

Tallahassee/ September 14, 2005

The Organizational Meeting of the Future of Florida's Families Committee on the Prevention of Child Abuse and Neglect was held in Tallahassee on September 14, 2005. Chair Galvano outlined the need to examine the child maltreatment continuum that exists in the State of Florida with the intent of taking positive steps towards building a better Florida Family. The Chairman asked the committee to have an open mind, and to look at the hearings as opportunities for the members to educate themselves before tough decisions will need to be made to strengthen Florida's Families.

LUDY D. HADI, Secretary of the Department of Children and Families addressed the committee and unveiled the department's Strategic Plan to protect the vulnerable, promote strong and economically self sufficient families, and advance personal and family recovery. Secretary Hadi defined the populations served as children or adults who have been abused, neglected, exploited or at risk of abuse, neglect or exploitation. She stated that families and individuals in distressed and fragile situations must be examined, and that families at risk or challenged by substance abuse or mental illness must be helped.

Secretary Hadi discussed Early Intervention and Prevention and stated that the goal is to have an increased number of children or adults remaining safely in their homes that are not subjected to abuse, neglect, or exploitation. One strategy to accomplish that goal is to provide expanded and appropriate alternatives to removing children or adults from their homes that focus on prevention and early intervention.

Finally, she provided insight into a report released in June 2005 entitled, "Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005-2010." The desired outcomes of the plan are:

- By June 30, 2010, the child maltreatment rate will be reduced from the fiscal year 2003-2004 statewide rate of 32.3 to 15.0 per 1,000 children.
- By June 30, 2010, the re-abuse rate within six months of initial abuse will be reduced from the 2003 statewide rate of 8.8% to 4.0%.

Secretary Hadi stated that \$28.3 million of the department's prevention dollars are dedicated to Healthy Families Florida, \$6.2 million is dedicated to Community Initiatives, and \$9.4 million goes to other miscellaneous prevention activities. Secretary Hadi concluded by stating that the next step is to implement the plan. The Department of Children and Families will be hiring a child abuse/neglect prevention policy analyst who will be responsible for managing the federal grant funds related to child abuse prevention, and developing prevention policy and implementing or supporting prevention initiatives at the state and local levels.

Jacksonville/ September 22, 2005

The first public hearing of the committee was held at the City Council Chambers in Jacksonville, Florida, on September 22, 2005. The theme for this meeting was, "Developing the Framework to Shape Public Policies to Foster Stronger and Healthier Families --Prevention and Early Intervention: How and When Do We Educate to Prevent Abuse?"

CAROL MCNALLY, Executive Director, Healthy Families Florida.

Healthy Families Florida is an initiative of Governor Bush and the Department of Children and Families administered by the Ounce of Prevention Fund of Florida which is a private, statewide, non-profit organization based in Tallahassee. The Ounce of Prevention Fund contracts with 36 community-based organizations that deliver services in targeted areas within 53 of Florida's 67 counties. Ms. McNally offered the following points:

- Can abuse and neglect be prevented? Research overwhelmingly concludes that, yes, families can overcome factors that place their children at-risk and learn to provide safe, nurturing, loving homes where children can not only survive, but thrive.
- The key to preventing child abuse and neglect is intervening early. For successful child abuse prevention efforts, intervention must begin either during pregnancy or just after the birth of a baby.
- By intervening early, families can build the skills they need to navigate the challenges of parenting right from the start, when parents are most eager to learn about how to take care of their babies and keep them safe, and before negative parenting patterns develop.
- By intervening early, child abuse and neglect can be prevented before it ever occurs, avoiding the consequences associated with abuse, such as the need for special education, teen pregnancy, school dropouts, juvenile delinquency, and substance abuse.
- Research on infant brain development shows that initiating services early promotes the greatest chance of success. The first few years of life is when the brain is most able to respond and grow from positive interactions with parents or caregivers.

- For prevention efforts to be effective, research shows that there needs to be a foundation of family supports that are affordable, accessible and available to families in the communities where they live.

The foundation of family supports that need to be in place include:

- Adequate housing
- Reliable public transportation
- Quality child care
- Parent education and support groups
- Job training and employment opportunities
- Substance abuse and mental health counseling and treatment
- Domestic violence centers
- Family planning and preventative health care services
- Early intervention programs for children with disabilities
- Healthy marriage and relationship services that promote the well-being of children.

One proven and effective approach is home visiting. Home visiting programs:

- Focus on the importance of early years and the pivotal role parents play in shaping children's lives.
- Allow program staff to see the environment in which families live and gain a better understanding of the families' needs so services can be tailored to meet those needs.
- Foster relationships between the home visitors and the parents that address problems with loneliness and isolation and serve as an important step in linking families to their communities.

Healthy Families Florida is a nationally credentialed, voluntary, community-based home visiting program that is modeled after the highly successful Healthy Families America Initiative that is in 38 states, the District of Columbia, and Canada.

Healthy Families Florida has undergone annual evaluations, and a rigorous, independent, five-year evaluation was recently completed to determine if the program made a difference, with child maltreatment being the key program effect being measured. The 5-year evaluation revealed the following:

- Prevents Abuse and Neglect: Families who received little or no Healthy Families services were almost four times more likely to abuse or neglect their children than families who received a full treatment of Healthy Families services.
- Prevents Abuse and Neglect: Healthy Families participants had 20 percent less child abuse and neglect than all families living in their targeted service area, in spite of the fact that participants are at significantly higher risk for child maltreatment than the overall population.

- Improves Self-sufficiency: 81 percent of participants who completed the program improved their education level, received job training or became gainfully employed while enrolled in the program.
- Improves Child Health: 93 percent of children were fully immunized by age two, exceeding the immunization rate of Florida as a whole which was 77 percent and that of the United States at 76 percent.
- Improves Maternal Health: 92 percent of mothers did not have a subsequent pregnancy within two years of the target child's birth.
- Improves Parent - Child Interaction: Mothers who received services for three years or more were significantly more likely to read to their children than mothers in the comparison groups.

Healthy Families Florida's participants have typically experienced numerous adverse life situations that most Floridians will never experience. Some of the factors that put these families at risk include:

- Single parenting
- Less than a high-school education
- Smoking during pregnancy
- A prior report of maltreatment
- Low income
- Inadequate housing
- Currently a victim of domestic violence
- Physical response to anger
- Mental health problems
- A sense of hopelessness upon knowledge of pregnancy
- Lack of parenting skills
- Use of alcohol or other drugs
- Little awareness of discipline options

Why is Healthy Families so successful in preventing child abuse and neglect?

- **Voluntary Assessment** - Healthy Families receives referrals from Healthy Start, Health Providers, teen parent programs and other community organizations. Families are offered a voluntary assessment by a trained professional to determine if there is a need for long-term home visiting services. The voluntary assessment can be conducted either in the home or in the hospital and is designed to weigh risk factors associated with child abuse and neglect that can be addressed by Healthy Families services. If a family does not need intensive home visiting services, or is not interested in participating in Healthy Families, the family is offered referrals to connect them to other services they may need.
- **Accountability** - A strong statewide system ensures each of the 36 community-based organizations is providing consistently high-quality services. A central office provides Training, Technical Assistance, Quality

Assurance, fiscal support, and data management and identifies promising practices and innovative strategies that can be replicated throughout the system.

The central office also connects the statewide system to the national network of Healthy Families programs so Florida can benefit from lessons learned in other parts of the country.

Healthy Families success relies heavily on the strong relationships it has with its partners in the community. These partners, whether it be community-based care or faith-based organizations, United Ways, businesses, children's services councils, substance Abuse and mental health providers, domestic violence shelters, child care centers that offer quality child care, Healthy Start, Early Intervention or other child service agencies, help by providing the additional services the families may need beyond the home visiting that Healthy Families Florida provides.

DAWN CLARKE, Associate Executive Director, NorthEast Florida Healthy Start Coalition.

On June 4, 1991, Florida enacted the nation's most comprehensive maternal and child health care program, Florida's Healthy Start initiative. Healthy Start is a statewide initiative to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes. Healthy Start services are provided in all 67 Florida counties through local coalitions that include healthcare providers, hospitals, consumers, social service agencies, private businesses, and charitable organizations such as the March of Dimes and United Way. Ms. Clarke offered the following points:

- Healthy Start services begin with universal screening provided during the first prenatal visit and includes prenatal care, postpartum care, delivery, infant care, interconceptional education and counseling, and targeted support services which address identified risks of poor birth and developmental outcomes as well as risks for child abuse and neglect such as maternal depression, domestic violence, substance abuse, and financial and social stressors.
- Healthy Start offers universal screening for all Florida pregnant women and infants to ensure that early care is targeted to those families where there is the best chance of preventing or minimizing adverse outcomes.
- During FY 2004-2005, 144,104 pregnant women and 153,926 infants were screened for Healthy Start.
- During FY 2004-2005 1,600,809 Healthy Start services were provided to 111,398 women and 916,766 services were provided to 65,118 infants. The range of Healthy Start services provided to identified women and infants include:
 1. Information and referral.
 2. Comprehensive assessment of service needs.
 3. On-going care coordination and support to access needed services.
 4. Psychosocial, nutritional and smoking cessation counseling.

5. Childbirth, breastfeeding, interconceptional, and parenting support and education.
6. Home visiting.

Florida's Healthy Start Programs work to reduce low birth weight and premature births and prevent developmental delays. Many risk factors related to these poor birth outcomes are identical to risk factors associated with child abuse. Ms. Clarke stated that, "By giving babies a HEALTHY START, we are helping to prevent child abuse and neglect."

MAJOR CONNIE SHINGLEDECKER, Vice Chair, Florida Child Abuse Death Review Team (CADRT), Department of Health.

- In 1999, the Florida Legislature authorized development of independent, multidisciplinary statewide and local child abuse death review teams to review child abuse and neglect deaths in which the Florida Abuse Hotline (FAH) had accepted at least one prior report of abuse or neglect.
- The purpose of the reviews is to achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse or neglect.

Child Deaths in 2003:

All child deaths in Florida	3,376
# of initial reports to FAHIS	145,649
# of reports involving child deaths	275
# of child death reports with verified or some indicator findings	158
# of verified child death reports	95
# of verified child death reports with at least one prior report presented to CADRT	*35
* Two additional death reports are pending review by the CADRT	

Cause of Child's Death -- 2003 (161 deaths):

- 27% - Physical Trauma
- 23% - Drowning
- 11% - Vehicle Related
- 9% - Neglect
- 8% - Gunshot
- 7% - Suffocation
- 7% - Shaken Infant Impact

Prevention Efforts:

- Drowning Prevention Efforts
- Shaken Baby Prevention Efforts
- Infant Death Related to Unsafe Sleep Environment Prevention Efforts

State CADRT changes:

- The State Team recommended to the Legislature that the death review process should include all verified death cases of child abuse and neglect to have a better

understanding of the causes and contributing factors to enable them to make effective and preventive recommendations. This was accomplished in July 2004.

BRUCE FERGUSON, JR., President & Chief Executive Officer, WorkSource (Regional Workforce Board of Workforce Florida, Inc.).

According to Mr. Ferguson, Northeast Florida will have a world-class workforce development system that enables our businesses to be leaders in the global economy. The mission of WorkSource is to connect workers to jobs. WorkSource provides innovative services that exceed employers' requirements for the jobs of today and the future.

WorkSource exist to:

- Recruit and retain a qualified workforce.
- Provide job training, welfare transition and placement.
- Build workforce skills.
- Serve as the workforce development component of economic development.
- Link business with the workforce.
- Convene partners in education, training, transportation, etc.

2004-2005 Workforce System Performance

FLORIDA WORKFORCE ONE STOP CAREER CENTERS	WORKSOURCE CAREER CENTERS - REGION 8
<i>Placed 467,967 job seekers at an average hourly wage of \$10.04</i>	<i>WorkSource placed 40,628 @ \$10.13 per hour</i>
<i>Filled 109,950 job openings for your local businesses</i>	<i>WorkSource filled 5,117 openings across the region</i>
<i>Helped 4,525 dislocated workers find new employment, avg. \$14.41 per hour.</i>	<i>WorkSource trained & placed 270 @ \$14.59 per hour</i>
<i>Trained 5,243 employed workers, enhancing skills for job advancement</i>	<i>WorkSource trained 2,138 workers in the region, improving business productivity (40% of state total)</i>
<i>Placed 28,143 welfare recipients in jobs, reducing dependency on public assistance</i>	<i>WorkSource placed 1,360 welfare recipients</i>
<i>Served 58,584 employers through Workforce One Stop Career Centers</i>	<i>WorkSource assisted 3,247 businesses in the region</i>

Making a Difference:

- Regional Workforce Development Boards utilize TANF and other funds to decrease and minimize public assistance needs.
- Divert public assistance applicants from welfare to jobs that are in demand in the local economy.
- Assist businesses in assessing their needs for workforce training and accessing resources to meet those needs.
- Provide Florida businesses with workforce training for lower-skilled workers so they can become more productive and profitable.

SUSAN MAIN, Executive Director Early Learning Coalition of Duval County. (Ms. Main did not provide written materials -- what follows is an unofficial transcript of her comments).

- Funding primarily supports child care subsidies.
- Mission is to help get children ready for school by providing high quality child care.
- Provide services for those in child protective services.
- Providers are trained to identify signs of child abuse.
- Provided child care benefits to over 2,000 children in child protective services.
- Lack of supervision for children is a big issue that needs to be addressed.
- Family support is needed to create a healthy environment for children

WALT GIANNONE, Family Services Counselor Department of Children and Families. (Mr. Giannone did not provide written materials -- what follows is an unofficial transcript of his comments).

- Background screening is a good deterrent. One problem is that some providers can operate homes without approval of background screening. Background screening can disqualify criminals from being around children in homes.
- Background screening also helps raise red flags. More background screening needs to be done.
- Mandated reporting of child abuse has some loop holes. A lot of people don't report suspected abuse.
- Must be written discipline policy, however, in family day care providers they do not have one.
- Licensure needs to be proactive to help prevent child abuse.

JUDGE DAVID GOODING, 4th Judicial Circuit Court.

Expectations for academic performance and citizenship should not be diminished because a child is in foster care. In order to break the cycle of dependent children becoming parents of dependent children, an aggressive approach to improving success in reading and education is needed. Children in Foster care are our children, Florida's children. We need to provide them the tools that will enable them to be successful.

One half of Duval County dependent children are under the jurisdiction of Juvenile Division JV-D. For the school year ending in May, 2005, copies of report cards and the most current Comprehensive Assessments have been provided to Lynn Waddleton,

Ph.D., for analysis and recommendations to the Court for interventions to improve academic performance, including, but not limited to, reading assessment and training, psycho-educational assessments, referrals for medical and/or psychological treatment, tutoring and mentoring.

Dr. Waddleton and the graduate students in psychology assisting her will review report cards and Comprehensive Assessments for approximately 1,500 children. It is estimated that more comprehensive testing will be required for up to 1/3 of the children. Judge Gooding believed that the courts can play a crucial role in prevention. Education and accountability towards education were some of the basis concepts that he highlighted.

JIM ADAMS, Chief Executive Officer, Family Support Services of North Florida.

The mission of Family Support Services of North Florida, Inc., is to provide for the safety and stability of children and families by strengthening the child protection system and involving neighborhood networks to ensure success.

FAMILY SUPPORT SERVICES OF NORTH FLORIDA **"STEPS" PREVENTION PROGRAM**

<u>October 1, 2004 - August 30, 2005</u>	<u>AMOUNT</u>
TOTAL NUMBER OF FAMILIES TO DATE	428
TOTAL NUMBER OF CHILDREN TO DATE	963
CURRENT NUMBER OF FAMILIES TO DATE	273
CURRENT NUMBER OF CHILDREN TO DATE	432
NUMBER OF FAMILIES GIVEN IN-HOME PARENTING MODULES	116
NUMBER OF FAMILIES GIVEN IN-HOME BEHAVIOR MANAGEMENT MODULES	71
NUMBER OF FAMILIES GIVEN MONEY MANAGEMENT MODULES	51
NUMBER OF REFERRALS FROM DCF	230
NUMBER OF REFERRALS FROM SHERIFF'S OFFICE	6
NUMBER OF REFERRALS FROM SCHOOLS	35
NUMBER OF REFERRALS FROM COMMUNITY AGENCIES	90
NUMBER OF SELF REFERRALS	33

Family Support Services of North Florida (FSS) is the Lead Agency for Child Protective Services in Duval County. Currently in its second year, Family Support Services and its agencies have impact on the children and families in our community. FSS accepts all cases referred by the State and furnishes all services that families require.

Community Involvement is Key

Duval County citizens, organizations, and agencies recognize that child protection is a community responsibility and represents the best interest of all County residents. Many of the initiatives are as follows:

Habijax

FSS partners with Jacksonville's Habitat for Humanity to provide needed housing for foster parents.

Channel 47

Each Friday a child that is eligible for adoption is featured on Channel 47.

FCCJ M.a.P.P. Training

FSS partnered with FCCJ to provide centralized MAPP training to potential foster and adoptive parents.

Heart Gallery

Portable photography gallery of all children eligible for adoption.

Live Scan

FSS provides background screening to individuals involved with children in care.

Academic Enhancement Program

Provides cash incentives to foster children that have demonstrated commitment to academic excellence and improvement.

Self Assessment

FSS implemented a monthly score to assess agency performance.

IL Summer Computer Literacy Cam

Computer Literacy Camp for Independent Living Children designed to improve technological skills.

Mayor's Book Club

Mayor Peyton's Book club provides backpacks filled with literacy rich activities and books for Pre-Kindergarten aged children and monthly Jacksonville themed books to promote literacy.

Public Testimony Participants

A summary of the information provided during public testimony is not available in this publication. This document will only list the names of persons who testified and who they represent.

- Tonnicka Gerken, Healthy Families, Jacksonville, Florida
- Lislle A. Goller, Florida's Children First, Jacksonville, Florida
- Richard Komando, Circuit Director, Guardian Ad Litem Program, Jacksonville, Florida
- William Robinson, Director of Youth Advocate Program, Jacksonville, Florida

Tampa/ September 29, 2005

The second Public Hearing of the Future of Florida's Families Committee was held at the Frederick B. Karl County Commissioners Chamber in Tampa, Florida, on September 29, 2005. The theme for that hearing was, "Recognizing an Abused Child from the Eyes of a Parent, Teacher, and Health Care Provider -- What Happens Once Abuse, Neglect, or Abandonment Has Been Detected: Perspectives of the Judiciary, Protective Investigator and Law Enforcement."

RONDA R. STORMS, Hillsborough County Commissioner.

- Methamphetamines are an issue that we must do something about. One possible solution is to colorize Anhydrous Ammonia in drugstores so that it is not suitable for Meth production.
- Vasectomy and tubal ligation should be examined as a part of the sentencing guidelines for convicted child offenders

KIP LILES, Foster Parent, was unable to attend, but Commissioner Storms presented information on her behalf regarding Bradley McGee who was a foster child returned to its biological family and was tortured and killed.

JUDGE MARTHA COOK, Circuit Court Judge.

- Children under the age of 5 are the most venerable.
- Children 6 to 18 have unique issues also, the longer they are in foster homes the harder it is to find permanent homes. When they hit 11 or 12 years of age they run away, they sexually act out, and they are sexual abused.
- Most of the children abused have no education, they drop out of school.
- 90% of the cases she sees in her courtroom involve drug addiction, alcohol abuse, and domestic violence. Babies being born exposed to Methamphetamines are on the rise. The Meth problem is an immediate threat to our communities.
- Babies born exposed to drugs can cause taxpayers hundreds of thousands of dollars.
- People who take Meth can be awake 4-5 days at a time where they become violent and highly sexualized.
- Children who do not have a family safety net suffer.
- It will take a combination of many talents to address this problem, the judiciary, Legislature, health care providers, education, and many others must work together.

MAJOR CONNIE SHINGELDECKER, Investigative Bureau Chief, Manatee County Sheriff's Office.

Law Enforcement Agencies that have a contract with the Department of Children and Families to perform Child Protective Investigations:

- Manatee County Sheriff's Office – 1997
- Pinellas County Sheriff's Office
- Broward County Sheriff's Office

- Pasco County Sheriff's Office
- Seminole County Sheriff's Office

Child Protective Investigation by DCF or contracted designee:

The purpose of the protective investigation, triggered by a call to the child abuse hotline, is to:

- Gather information from a variety of sources.
- Evaluate the safety of the child and determine if removal is necessary to protect the child from further harm.
- Information gathered should be used to assess the safety of the child(ren) by the use of a risk assessment instrument.

Responsibility of Law Enforcement:

- Assess scene for safety and injured persons.
- Assess situation for criminality.
- Investigate known or suspected crimes.
- Collect evidence.
- Interview witnesses, victims and suspects.
- Document findings in a report.
- Arrest or refer charges.

Risk Factor according to Florida Child Abuse Death Review Report 2004:

- Age 5 and under (National research showed children ages 3 and younger accounted for 76% of the child fatalities in 2002.) In Florida in 2003, 77% of child abuse fatalities were to children under the age of 6.
- Parent/Caretaker has not met or is unable to meet immediate needs for food/clothing/shelter/medical care, or protect from harm (43%).
- Parental limitations in ability to adequately parent due to age, mental capacity or substance abuse (42%).
- Criminal history of caretaker responsible or other adult in the home (33%).
- Domestic violence in the home (26%).

From 2004 Report, Caretaker Responsible for child's death:

- 55% of the perpetrators/caretakers responsible had criminal records.
- 33% of the perpetrators/caretakers had a history of substance abuse.
- 21% of the perpetrators/caretakers had a history of alcohol abuse.
- 37% of the perpetrators/caretakers were also perpetrators of domestic violence.
- 25% of the perpetrators/caretakers were also the victims of domestic violence.

Relationship of Caretaker Responsible for Child's Death:

- Mothers were involved or responsible for 36% of the 161 deaths reviewed, fathers for 24%, male paramours for 20%, and female paramours for 1%.
- Majority of deaths where mother was sole caretaker responsible were caused by neglect.

- Majority of deaths where father or male paramour was sole caretaker responsible were caused by abuse.

Physical Child Abuse Risk Assessment Discipline vs. Abuse

- Age of the child.
- Seriousness of the injury.
- Location of the injury.
- Item used to cause the injury.
- Bruises in various stages of healing.
- Mental attitude at the time of discipline by perpetrator.
- Reason for the discipline.
- Normal discipline used.
- Relationship of child to discipliner & length of time in child's life.
- How the child felt about the discipline.

Look for Red Flags!!!!

- Behavior of child toward parent (when able to be observed).
- Injuries – do they match the explanation?
- Inconsistent statements given by person(s) in charge of child at time of incident.
- Triggering event – usually age specific.
- Reenactments of incident as related by parents/caregivers during the investigation.
- Condition of Home – Go To The Home!

KATHERINE KEELEY, M.D., Medical Director, Child Protection Center Sarasota and Desoto Counties, Florida Department of Health.

- Community medical providers (untrained in child abuse and neglect) do not know the signs of child abuse and how to recognize child abuse.
- Community medical providers are uncomfortable with reporting, even though there is a mandated reporting law.
- Community medical providers do not make effective expert witnesses in court.

Indicators of Child abuse:

- Is the history consistent with the medical injuries?
- Does the history change?
- What is the demeanor of the child?
- What is the demeanor of the caregiver?
- Was there delay in seeking medical care?
- Are there prior exams and/or reports?

Statewide Plan for Abuse Prevention:

- Locally accessible centers of excellence
- Coordination of services with a multidisciplinary, medically led team approach
- Training, education, and accessibility are essential. Training must be ongoing with peer review and quality assurance

- Financial support for expansion of services with appropriate salaries for the difficult and toxic work
- Decrease expenses for “fixing problems” after success in “preventing problems”

BETH PASEK, Regional program Supervisor for Family Safety Florida Department of Children and Families.

- 21% of the states kids do reside in the Suncoast region
- In everything that we do child safety comes first
- Reports are commenced with 24 hours of receipt from the hotline
- In immediate report situations where an immediate threat exists, reports are completed within 3 hours.
- Completing a risk assessment within 24 hours is critical.
- 72 hours after the CPI completes the assessment, the supervisor does the first review.
- Investigations are completed within 60 days.
- Building connections with families is key.

GRIA DAVISON, School of Social Work Services Consultant Bureau of Exceptional Education and Student Services, Florida Department of Education.

Services Provided:

- Local prevention training support.
- Updates to mandatory reporting and related requirements.
- Collaboration and partnership with state agencies, councils, work groups.
- Information and resource development.

Child Abuse Prevention Information and Resources to Public School Districts Chronology Highlights – Updates to mandatory reports and related requirements

- Memorandum – legislative changes in proceedings related to child abuse prevention training, investigation and case
- Memorandum – Child Abuse Sourcebook for Florida School Personnel
- Agency collaboration and partnership
- Information and Resource Development
- Content and Scope of Source Book
 - Recognizing the Abused and Neglected Child in Your School
 - Reporting Child Abuse
 - After the Report
 - Supporting Maltreated Students
 - The School’s Role in Child Abuse Prevention and Interventions
 - More Information and Resources on Child Abuse

Survey of Public School Districts: Local Prevention Training – General Summary:

- 30 school districts responded in total
- Administrators of Exceptional Student Education and Student Services

- Of total participants, 19 indicated that their district has a child abuse prevention training program.

Local Prevention Training – Alignment and Scope:

- Number of Districts Recognizing the Abused Child in Your School - 18
- Reporting Child Abuse - 19
- After the Report - 15
- Supporting Maltreated Students - 16
- The School's Role in Child Abuse Prevention and Interventions - 14
- Other - 3

Other Survey Responses:

- 28 respondents indicated that their district has a policy/procedure in place to report a public school employee who is suspected of child abuse.
- 29 respondents indicated that they would like to receive a summary of child abuse prevention training programs.

DAWNE GULLANT, Coordinator, School Social Worker Services, School District of Hillsborough County.

- One of the primary responsibilities for school social work services is to assist schools on learning about child abuse reporting as well as providing districtwide training and information sharing.
- The key is to have a good collaboration with local child welfare agencies.
- Current partnerships with Department of Children and Families and the Department of Education.
- Focusing on helping teachers recognize the signs of abuse is crucial.
- Provider trainings are done to increase best practices in the community.

MARIAN LAMBETH, Chief, Bureau of Professional Practices Services Florida Department of Education.

Examples of Allegations Investigated:

- Child Abuse / Neglect.
- Inappropriate Conduct.
- Inappropriate Discipline.
- Inappropriate Comments.
- Fraud.
- Criminal Charges.
- Drug / Alcohol Abuse.

Reporting Requirements:

- Districts are required to report legally sufficient complaints.
- Penalty for District's failure to report.

What does the DOE do when a teacher is accused of misconduct?

- Investigate allegations.
- Review for disciplinary action against Florida Educator Certificate.
- Collaborate with State Attorneys Office to request that individuals charged with abuse or other egregious criminal misconduct be required to surrender their educator's certificate.

2004-2005 FY Data:

Number of cases reported to Professional Practices Services: **3376**

Number with criminal charges of Child Abuse or Neglect: **5**

Number of Probable Cause to Sanction Florida Educator Certificate: **461**

Number of Suspensions of Florida Educator's Certificate: **62**

Number of Revocations: **14**

Number of Permanent Revocations: **66**

Number of Denials: **7**

Permanent Denials: **2**

Number of cases with "other" Sanctions: **371**

MARCIE BIDDLEMAN, Executive Director, Heartland for Children, District 14, Hardee, Highlands, and Polk Counties.

Services Philosophy:

- Build capacity to manage resources.
- Ensure positive outcomes with economic benefits.
- Prevention coupled with protection.
- Support and reinforce the role of community in prevention.

Goals of Prevention:

- Reduce the incidence of child abuse and neglect.
- Reduce preventable child abuse and neglect fatalities.
- Reduce the need for children to be removed from their home due to child abuse or neglect.
- Broaden the provider base to increase choices.

Public Message Project:

- Change public message to prevention.
- Prevent reoccurrence of abuse in families.
- Engage broader community to participate more effectively.

Public Testimony Participants

A summary of the information provided during public testimony is not available in this publication. This document will only list the names of persons who testified and who they represent.

- Clarissa Carruthers, Family Support Worker, Healthy Families Hillsborough, Tampa, Florida
- Don Dixon, COO, Community Alliance of Hillsborough County, Tampa, Florida
- Larry English, Executive Dir., Fed. of Families For Children's Mental Health, Tampa, Florida
- Valerie Fisher, Coordinator, Manatee County Citizens Review, Bradenton, Florida
- Paul Huey, County Judge, Commission on Marriage & Family Support Initiatives, Tampa, Florida
- Lee Johnson, Executive Vice President, Sarasota YMCA, Bradenton, Florida
- Sandra Killian, President, Suncoast Voices for Children, Largo, Florida
- Brian A. McEwen, Associate Director, Child Abuse Council, Tampa, Florida
- Kathy Mize, Program Coordinator, Parent Aide Program, Help A Child, Inc., Pinellas Park, Florida
- Mark Perlman, Commission on Marriage & Family Support, Sarasota, Florida
- Jett Rainey, CEO, Hills Kids, Inc., Tampa, Florida
- Angelita Rodriguez, Resource Mom, Child Abuse Prevention – Healthy Families Pasco, Trilby, Florida
- Heather Scott, Mother of 6, Heartland For Children, Lakeland, Florida
- Bob Sleczkowski, Director, Children's Community Services, Tampa, Florida
- Colville Spencer, Regional Director, Youth Advocate Programs, Inc., Tampa, Florida

Miami/ October 3, 2005

The third public hearing for the Future of Florida Families Committee was held in Miami, Florida, at Miami City Hall on October 3, 2005. The theme for this meeting was, "PROFILE OF A CHILD ABUSER -- Risk Factors for Child Abuse and Neglect: Alcohol Abuse; Substance Abuse; Mental Illness; Poverty; Childhood Physical or Sexual Abuse; Domestic Violence; and Lack of Parenting or Communication Skills – WHAT RESEARCH IS TELLING US -- Protective Factors for Child Abuse and Neglect: Child Factors, Parent and Family Factors, and Social and Environmental Factors."

ELLYN OKRENT, LCSW, Executive Vice President, Kids in Distress, Ft. Lauderdale.

- A comprehensive family support model encompasses the philosophy that in order to improve the lives of children with complex needs, the process must be child centered and family focused, with maximum family involvement.
- The model draws on a variety of theoretical orientations, from crisis intervention to family therapy, with an emphasis on cognitive and behavioral change.
- It stresses the need to respond to multiple causes of the family's distress by providing both family intervention and concrete services (finances, budgeting, job finding, health care, advocacy, etc.) that address the needs of all family members.

The Program is based on the Philosophy that:

- Children should remain with their families whenever possible.
- Families are constantly engaged in a process of growth and development.
- All families have strengths on which to build upon.

Eligibility:

Services are available to families with allegations of abuse and/or neglect and/or are at risk of having their children removed from their homes. Families referred must have documented "Risk" factors of at least three or more of the following:

- Documented history of child abuse or neglect with either the parent or children.
- Disruptions in bonding and attachment between parent and child.
- Persistent, serious family conflict or family violence.
- Persistent, serious family stress which significantly impacts family functioning.
- Family history of substance abuse.
- Caregivers have negative attitudes and lack knowledge.
- Regarding appropriate child development that lead to unrealistic.
- Expectations of the child.
- Documented history of family management problems, poor.
- Parental supervision, and/or inappropriate or severe discipline practices.
- Involvement with the juvenile justice system.
- Low income, single parent household.
- Parent or child depression or other mental or behavioral conditions.
- Teen Pregnancy.

- Children that have been removed from their homes for reasons of confirmed abuse and/or neglect and are residing in group homes, shelters and/or foster or pre-adoptive homes.
- Families that are working toward reunification with their children and permanency.

The Plan:

The plan is based on the unique strengths, needs, values, norms, preferences and cultures of the family. The plan is focused on the typical needs in the areas that all people have, such as like age, sex and culture, and include:

- Independence
- Family circumstances
- Finances
- Education
- Health
- Social/recreation
- Behavior/emotional
- Psychological
- Legal
- Safety

Identifying, Developing, and Engaging Natural Supports:

- One of the practices in this process is the involvement of natural supports on the family's child and family team. Natural supports of the family might include: extended family, friends, neighbors, clergy, or colleagues.
- A healthy balance should be approximately: 25% formal services and supports (interventions that cost money), and 75% natural supports (things that do not cost money).
- Natural systems may also contribute "hard goods" such as clothing or a bicycle, or emergency financial support when families have such needs.
- The faith community is an important natural partner in supporting families in the process.

Social Networks:

People are supported through community and family social networks and informal community resources. To avoid dependency on systems, services and supports focus on building and strengthening social networks and natural supports of family, friends, and community resources for children and families. (Teachers, social workers, clergy, therapists, and others identified by the family as important sources or potential sources of support.)

Some families who have lost their natural supports may only have professionals initially. When composed mostly of professionals, one of the professional's goal is to increase the family support system size and recruit more natural supports over time. Failure to successfully engage a family will ensure a failure of the process.

Cost:

The cost of providing solely in-home KID FIRST services to a family is a one time cost of approximately \$1,500 per family, or \$600 per child. The cost increases as families access more of the clinical services that may be required to meet their needs.

Current Challenges:

- Psychiatric services for parents (huge need).
- Therapeutic/Clinical services.
- Affordable housing (huge need).
- Ongoing Mentoring for children and families (huge need).

HOLLY HILLS, Ph.D., Associate Professor, Department of Mental Health Law and Policy, Florida Mental Health Institute, University of South Florida.

Substance Abuse:

- Women are entering substance abuse treatment in increasing numbers and often come to treatment as a result of their involvement in dependency court.
- Unfortunately, traditional substance abuse treatment models are not designed to address women with children and multiple vulnerabilities.
- Studies suggest that chemical dependence exist in at least half of the families involved in the public welfare system.
- Alcohol and drug abuse is a significant factor in many cases referred to the juvenile and family courts.
- The vast majority of substance abuse treatment programs were designed to serve male clients, not to address the special needs that mothers with dependent children present.
- The most promising programs offer services for both mothers and their children, recognizing that treatment must embrace the parental role.

Referrals:

- Women enter substance abuse treatment through many ways but increasingly they begin treatment because of a court's recommendation in a child abuse or neglect case.

Role of Dependency Courts:

- Issues associated with the protracted delays in completing dependency court requirements lead to children becoming stuck in foster care systems unable to return to their mothers and unavailable for adoptions.
- A stable family setting is integral to a child's long term mental health.

- There are no standardized questions about substance abuse. If substance abuse is not identified in the initial investigation, it is unlikely to become part of the case plan, and legal issues can prohibit introducing drug abuse at a later date.
- Communication needs to be improved between the court and the social service system.

Observations:

- Many cases of abuse and neglect may be identified before it is necessary to remove children from their homes.
- Identifying substance abuse as a contributing factor is crucial in initial abuse or neglect investigations.
- Criteria used to determine when to remove a child from the home and when to refer a parent to substance abuse is sometimes unclear. Clearer guidelines need to be established to assist caseworkers.
- The number of substance abuse centers must increase to meet the rising demand for substance abuse treatment.
- Methamphetamine cases are on the rise, this issue needs to be addressed.

BARBARA FOSTER, Ph.D., Executive Director of The Family Commission on Marriage and Family Support Initiatives.

The mission of the Commission on Marriage and Family Support Initiatives is to strengthen marriages, support parents and families, and promote child well-being by raising public awareness, developing sound public policy and advocating for promising practices throughout Florida.

Abuse Types:

- Emotional
- Physical
- Sexual

Neglect:

- Emotional Supports
- Basic Care
- Protection from Harm

Profiles of a Child Abuser -- High Risk Parent(s) and Care Giver(s)

- Childhood and Life Experiences
- Family and Community
- Poverty
- Domestic Violence
- Substance Abuse and Mental Health



Infrastructure Issues



Mom



Dad



9 year old



Grandmother
& 5 year old



Baby 1 1/2



Mom's sister

- **Good Health** – Get health insurance; find out why the youngest isn't talking anymore; keep Grandma healthy; & have a healthy baby.
- **Safety & Survival** – Keep the children away from drugs & the sister's boyfriend; & keep the family together.
- **Economic Well-Being** – Have the husband get back to work; have the wife keep her job; & get training for better jobs.
- **Social & Emotional Well-Being** – Help the sister thru her pregnancy & stay in school in the meantime.
- **Education & Workforce Readiness** – Help the 9-year-old do better in school, & figure out the problem with the 1 1/2 year old.

*Future of Florida's Families Committee, Prevention of Child Abuse and Neglect Public Hearing, Miami, Florida
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Old Data – Costs of NOT Preventing Child Abuse and Neglect in 2001

\$94 Billion per year

\$258 Million per day

\$1,462 per family

Direct Costs

- ◆ Health Care System
- ◆ Mental Health Care System
- ◆ Child Welfare System
- ◆ Law Enforcement
- ◆ Judicial System

Indirect Costs

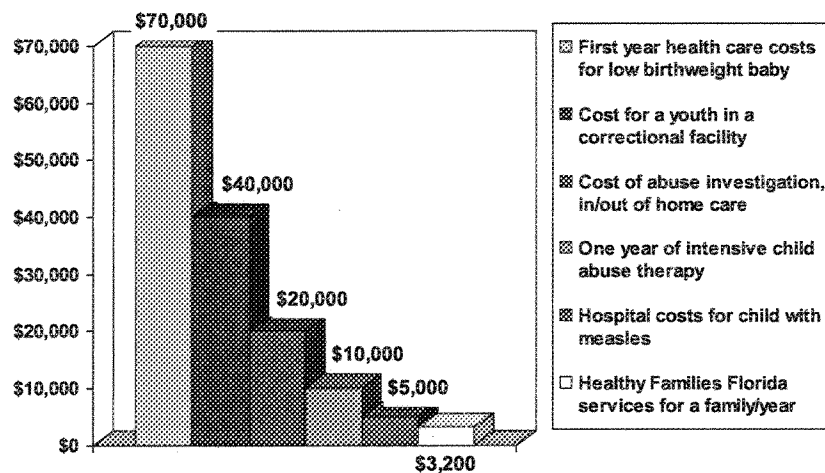
- ◆ Special Education
- ◆ Mental Health & Health Care
- ◆ Juvenile Delinquency
- ◆ Lost Productivity to Society
- ◆ Adult Criminality

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More Old Data —

Prevention is a Sound Investment



(From: www.healthyfamiliesfla.org/facts.html Sources: Florida Department of Children and Families, Healthy Families America and the Center for Florida's Children)

Factors:

Over 90% of abusive and neglectful parents do not have a psychotic or criminal personality. Risk factors include:

- Childhood and life experiences.
- Family and community which includes: single parenting, unplanned pregnancy, lack of parenting skills, isolation, increased violence in the communities, limited education.
- Poverty.
- Family Violence.
- Substance Abuse and Mental Health.
- Children at high risk of being abuse.

MARY ANN KERSHAW, Research Faculty Member, Department of Child & Family Studies, Florida Mental Health Institute, University of South Florida.

Literature Findings:

- As the primary provider of child care, females are the perpetrators in most cases of maltreatment.
 - Among female perpetrators, 86 percent are biological mothers.
 - Slightly less than one-half of all perpetrators are male.
 - Of these, approximately half are biological fathers, an additional one-fifth occupy some other parental role (adoptive fathers, stepfathers, mothers' boyfriends), and about one-quarter are in nonparental relationships (including relatives, foster parents, day care providers, or friends) to their victims.
- Neglect and medical neglect are most often attributed to female perpetrators.

- Male perpetrators who are not biological fathers are more commonly associated with physical abuse and sexual abuse, older children, and female children.
- Biological fathers are more likely to maltreat young children (i.e. infants and children under age 3), more likely to maltreat both girls and boys, more likely to be involved in neglect cases.

Domestic Violence and Child Maltreatment:

- According to published studies, there is a 30 percent to 60 percent overlap between violence against children and violence against women in the same families.
- Children in violent homes face three risks:
 - Risk of observing traumatic events
 - Risk of being abused themselves
 - Risk of being neglected

Substance Abuse and Child Maltreatment:

- Children of substance-abusing parents are almost 3 times likelier to be abused and more than 4 times likelier to be neglected than children of parents who are not substance abusers.
- Other studies suggest that an estimated 50 percent to 80 percent of all child abuse cases substantiated by child protection services involve some degree of substance abuse by the child's parents.

Poverty and Child Maltreatment:

- While children of families in all income levels suffer maltreatment, research suggests that family income is strongly related to incidence rates.
- Children from families with annual incomes below \$15,000 per year were more than 25 times more likely than children from families with annual income above \$30,000 to have been harmed or endangered by abuse or neglect.

Preliminary Findings Based on Cases of Fatal Child Abuse in Florida:

- Cases are nearly evenly divided between abuse related deaths and neglect related deaths.
- The majority of children in the sample (63%) were at home at the time of death.
- In 32% of cases either an adult or a child witness was present.
- In cases of fatal child abuse, female perpetrators are more often involved in cases attributed to neglect while male perpetrators are more likely to engage in physical abuse leading to the child's death. If the perpetrator is a male then a child is twice more likely to die as a result of abuse versus neglect.

Focus of Analysis:

- Demographic characteristics of both perpetrators and victims must be examined.
- Relationship of the perpetrators to the child victims must be examined.

- Whether the perpetrator acted alone or with another person is important.
- Circumstances of the maltreatment must be analyzed.

SILVIA QUINTANA, District Program Supervisor for Substance Abuse and Mental Health, Florida Department of Children and Families.

System Goals:

- Ensure the safety of children
- Prevent and remediate the consequences of substance abuse and mental illness of families involved in child welfare or at risk of being involved in child welfare
- Expedite family preservation and permanency for children and promote healthy intact families, when appropriate
- Support families in recovery.

Clients Served 2003 – 2004:

- 61,813 children/adolescents admitted for substance abuse services
 - primary drug of abuse in order of prevalence: marijuana (78.3%), alcohol (16.1%), and crack cocaine (2%).
- 98,029 adults admitted for substance abuse services
 - primary drug of abuse in order of prevalence: alcohol (36.7%), crack cocaine (22%), marijuana (21.5%), and opioids.
- Currently in Florida, only 2% of admissions were for methamphetamine; 49.3% were women.
- In 2004, Florida provided children's mental health services to 49,935 children/adolescents.

Substance Abuse and Mental Health Family Support Initiatives:

- 70 Substance Abuse Family Intervention Specialists to provide outreach, screening, and substance abuse case management for substance involved child welfare families.
- Training and technical assistance related to child welfare/substance abuse integration and joint family support.
- 16 Dependency Drug Courts.
- 49 Pregnant/Post-partum and Women with Dependent Children Programs.
- 39 serve pregnant women.
- 13 allow women to bring children in to residential.
- Serve about 33,000 women annually.

Substance Abuse and Mental Health Child Welfare Initiatives:

- Florida technical assistance project with National Center on Substance Abuse and Child Welfare 2003-04 supported targeted improvement strategies.

- Increased Florida's treatment capacity by \$6.8 million for the Access to Recovery (ATR) Grant. \$20.4 million for three years.
- Increased crisis response and brief intervention therapy by \$11 million for the Project Recovery Grant, targeting individuals requiring substance abuse and mental health treatment due to hurricane related trauma.
- Included in CBC and substance abuse contracts GAA Performance Measure for percent of individuals in child welfare needing substance abuse treatment who receive treatment.

Mental Health – Children's Initiatives:

- Extended assessment coverage for children in foster care to include birth - 18.
- Created 121 new Therapeutic Group Home beds statewide to provide step down resources for children in residential treatment and reduce need for "deep-end" placements.
- Developed guidelines to improve SAMH service response to Community Based Care.
- Created a single access point for Child Welfare/CBC to access Children's Mental Health services and supports.
- Created a "Med-Consult Line" to provide telephonic consultation for Physicians, Judges, Foster parents, GALs, CBCs and Bnet Liaisons.
- Reduced use of seclusion and restraint in residential facilities for children.
- Provided information on psychotropic medications to parents, foster parents, child welfare case workers and others involved with children in the child welfare system.
- Supported statewide implementation of Infant Mental Health and early intervention services.

WALTER LAMBERT, Ph.D., Medical Director, Miami-Dade and Monroe Counties Associate Professor of Pediatrics, University of Miami. (Dr. Lambert did not provide written materials -- what follows is an unofficial transcript of his comments).

As Medical Director, Dr. Lambert's role is to look at cases that have been reported to the child abuse hotline. Child Protective investigators have a very tough job. What is problematic is that the decisions are made not by the frontline workers, so sometimes you have a break down.

Prevention Issues:

- The problem with prevention is that you do not see the results for many years.
- Certain drugs create a behavior that leads to abuse. Cocaine and Methamphetamines are perfect examples. Environmental hazards are created at the home from the drug use.
- Florida has the most liberal reporting rules in the country.
- Domestic violence families, women and children, are in the most danger when they leave their homes. Safety plans are important to avoid abuse.
- The emotional and spiritual maltreatment of witnessing domestic violence is what gives children a misconception of how to act and treat people.

- Understanding what normal behavior is for children is key to understanding how to raise them. For example, crying is a normal behavior; parents need to have the coping skills to raise a child.
- Sexual abuse doesn't only happen with strangers, it happens inside the home.
- Identifying at risk families is important to prevention.
- Today's caseload in the child welfare system includes a large number of young children. Prevention must start at early age.
- The system is not very good at meeting developmental and mental health needs of children.
- Child abuse takes place across social economic categories; people in poverty are not the only group that abuse children.
- The prevention system needs more funding.

Public Testimony Participants

A summary of the information provided during public testimony is not available in this publication. This document will only list the names of persons who testified and who they represent.

- Dr. Leo Mesa, Vice Chair, Commission on Marriage and Family Support Initiatives, Miami Lakes, Florida
- Trudy Novicki, Executive Director, Kristi House Child Advocacy Center, Miami, Florida
- Diana Ragbeer, Director, Public Affairs, The Children's Trust, Miami, Florida
- Larry Rein, Vice President, ChildNet, Inc., Ft. Lauderdale, Florida
- Phil Saia, Former Foster Parent, Boca Raton, Florida

West Palm Beach/ October 11, 2005

The final public hearing was held in West Palm Beach, Florida, at the Jane M. Thompson Memorial Chambers on October 11, 2005. The theme of the hearing was, "Consequences of No Prevention or Early Intervention: Foster Care, Juvenile Detention, Prison, or Death -- Role of the Community and Government: Integration of Service Delivery -- Cost of Not Preventing Child Abuse and Neglect."

GREG JOHNSON, Assistant Secretary of Prevention and Victim Services Department of Juvenile Justice. (Mr. Johnson did not provide written materials -- what follows is an unofficial transcript of his comments).

Delinquency prevention plays an important role in the Florida Department of Juvenile Justice's effort to reduce juvenile crime. Community and family-based delinquency prevention programs serve more than 40,000 youth annually. On the average, less than 10 percent of youth served in a delinquency prevention program are referred for delinquency within six months of completing the program.

Targeting:

Targeting includes targeting the youth most at-risk of becoming delinquent, targeting resources to communities with the most at-risk youth, and targeting funding toward research-based programs.

- Targeting the right youth - Delinquency prevention programs should focus their efforts on those youth most likely to become chronic juvenile offenders. Research results from both California and Florida indicate that chronic juvenile offenders share several common elements. They are younger than 15 and have three or more specific risk factors present in their life at the same time.
- Targeting the right communities - Delinquency prevention programs focus their efforts toward those communities where most youth live who are referred for delinquency charges. A delinquent peer culture is a significant indication of multiple societal risk factors.
- Targeting funding to research-based programs - The department will fund programs that have been proven to significantly help prevent and reduce juvenile crime and the risk factors that contribute to delinquency. The Department of Juvenile Justice has joined with the Departments of Education, Health and Children and Families to promote research-based/science-based/evidence-based programs identified through published studies.
- Cooperation, including developing and implementing a coordinated statewide juvenile crime prevention strategy among multiple state agencies and encouraging community-based programs to work together toward a comprehensive approach to troubled youth and families.
- Accountability, including collecting data on youth served by delinquency prevention programs and measuring how successful prevention programs are in keeping youth in school and crime-free.

CATHY WOOLEY BROWN, Ph.D., President, White Hat Management, Tampa, Florida.

Life Skills Centers are tuition-free charter schools, serving at-risk and dropout youth ranging in age from 16 to 21 years of age. Life Skills Centers were founded in 1999 with the opening of centers in Akron, Cleveland, and Youngstown, Ohio. As of October 2005:

- There are currently 37 Life Skills Centers, 9 of which are in Florida: Miami, Fort Lauderdale, Delray Beach, West Palm Beach, Pahokee, Lakeland, and St. Petersburg. Additionally, there are 20 Centers in Ohio, one in Phoenix, Ariz., one each in Denver and Colorado Springs, Colo., and 5 in Michigan.
- All Life Skills Centers are fully accountable for and dedicated to meeting the educational standards established in community.
- All Life Skills Centers committed to meeting Adequate Yearly Progress (AYP) requirements and each school has an extensive plan in place to address every aspect of AYP and No Child Left Behind (NCLB) accountability measures.
- Life Skills Centers also are committed to meeting federal requirements for serving students with special needs, established by the Individuals with Disabilities Education Act (IDEA) and No Child Left Behind (NCLB), as well as any state and local requisites.
- Since inception, more than 6,200 students have graduated with a state-recognized high school diploma and a job. Commencement ceremonies are conducted in June and December, each year.
- Life Skills Centers served more than 11,000 at-risk and dropout youth in the 2004-2005 school year. More than 9,000 students are currently enrolled.
- Each student has an electronic 'Personal Success Plan' which is developed in collaboration with the teacher and parent. This plan is available 24/7 on the web-based Learning Management System, to the student, his parents, and the teacher so that everyone is involved in the learning process.
- Students work at their own levels and paces; students may attend any one of up to four, 4-hour sessions per day – morning, mid-day, afternoon, and in selected locations an evening program.
- Life Skills Centers offer the most successful at-risk and dropout education program in America. To date, no other such program has reported the equivalent number of graduates.
- Life Skills Centers are now on pace to average 2,000 graduates per year.
- A full-time, licensed Family Advocate is provided in every school that forms key relationships with students, family, staff and the community to reduce barriers to student's success and provide a nurturing and supportive environment. Family Advocates make hundreds of contacts with students and families in need by coordinating individual, group, and community services.
- The Life Skills Center's student demographics are reflective of the local community.
- Every teacher is issued a computer and the computer to student ratio is 1:1.
- Every fully enrolled Life Skills Center classroom features three full-time teachers and two full-time assistants.

- Life Skills Centers feature specially designed, computer-based curriculum developed to meet the needs of the community and it is fully aligned with state standards.
- Students have the same graduation requirements as in other local schools, including taking the same number of credits and passing the same required state tests. In addition, students must maintain employment for 90 consecutive days prior to graduation.
- Each Life Skills Center offers full-time employability specialists and a family advocate, providing a full complement of counseling and community-based referrals.
- Education is one key tool to keep kids out the child welfare system, fundamentally without it the children will simply have very few if any opportunities to succeed.

Students:

- The success of the Life Skills Centers shows that these kids can learn and want to learn.
- The children in these schools meet many of the risk factors associated with those that are abused. Many come from poverty, have parents that are substance abuse users and are under educated, while many of the women students have babies of there own.
- The kids simply want a chance and this is one program the gives the kids the skills they need to be given an opportunity to succeed.

MICHAEL HANEY, Ph.D., N.C.C., L.M.H.C., Division Director for Prevention and Interventions, Children's Medical Services, Department of Health.

The Centers for Disease Control and Prevention recognizes child maltreatment as a serious public health problem with extensive short- and long-term health consequences.

Long Term Health Effects of Child Abuse:

- 103% more likely to smoke.
- 43% more likely to become suicidal.
- 103% more likely to become alcoholics.
- 192% more likely to develop a drug addiction.
- More likely to be involved in teenage pregnancy.
- More likely to be obese and have related health problems – diabetes, heart disease.
- More likely to have mental health problems.
- Have more doctor visits over the years.
- Use more health care resources.

Annual Cost of Child Abuse:

• Hospitalization -	\$6,205,395,000
• Chronic Health Problems -	2,987,957,000
• Mental Health Care -	425,110,000
• Child Welfare System -	14,400,000,000
• Law Enforcement -	24,709,800
• Judicial System -	341,174,702

Total Direct Cost **\$24,384,347,302**

Annual Cost of Child Abuse:

• Special Education -	\$ 223,607,830
• Mental Health & Health Care -	4,627,636,025
• Juvenile Delinquency -	8,805,291,372
• Loss Productivity to Society -	656,000,000
• Adult Criminality -	55,380,000,000

Total Indirect Cost **\$ 69,692,535,227**

TOTAL COST OF CHILD ABUSE **\$ 94,076,882,529**

Health Care Cost:

- Expenditures for health care in the United States are estimated to exceed \$1.66 trillion in 2005.
- Funding for the Child Abuse Prevention and Treatment Act - \$21,883,123 (FFY 2004).
- Florida's allotment - \$1,049,553

Economics of Preventing Childhood Maltreatment/Trauma

- Most of the dollars spent on health care in the United States are for the direct care of medical conditions.
- Only a very small portion is targeted on preventing those conditions.

Long Term Health Effects of Child Abuse:

- Preventing Childhood Abuse:
 - Have empirically sound proven interventions.
 - Hold communities accountable & measure the outcomes of all programs and services.
 - Ensure programs are utilized properly for appropriate populations.
- Fund programs across the continuum of Prevention – Primary, Secondary, and Tertiary.

- Quality child abuse prevention programs can play a large part in reducing short and long-term health costs.
- Follow the road map of the Florida State Plan for the Prevention of Child Abuse.

TED SIMPKINS, Dist. Administrator, Department of Children and Families, District IX
JOHN McCARTHY, Chief Executive Officer of Child and Family Connections
GAETANA EBBOLE, Chief Executive Officer Children's Services Council of Palm Beach County.

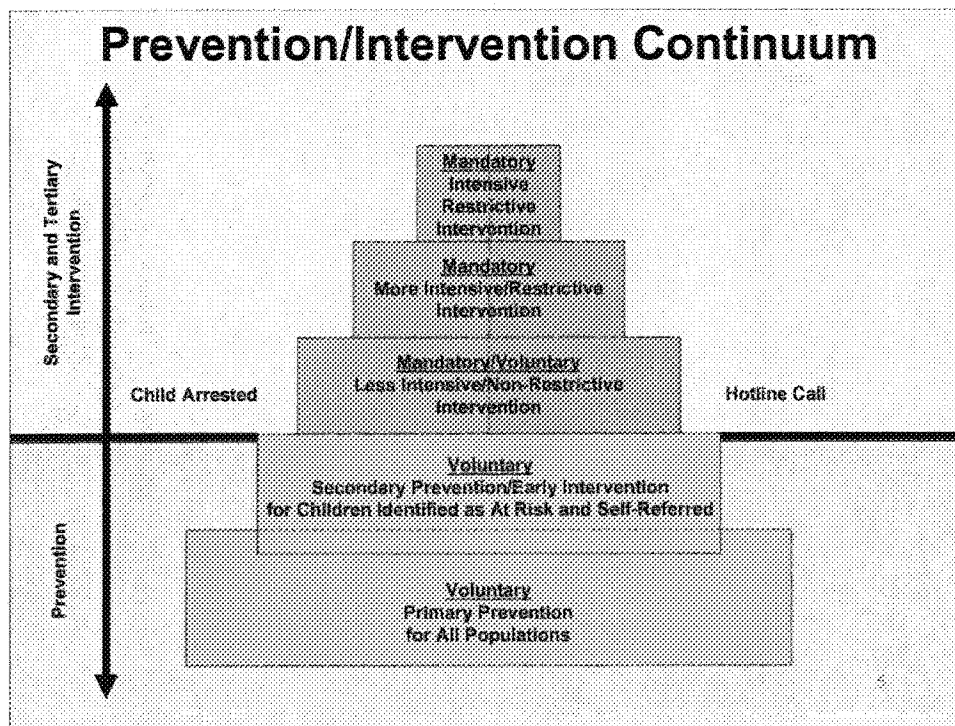
Initial Goal: Getting Community Partners on the Same Page:

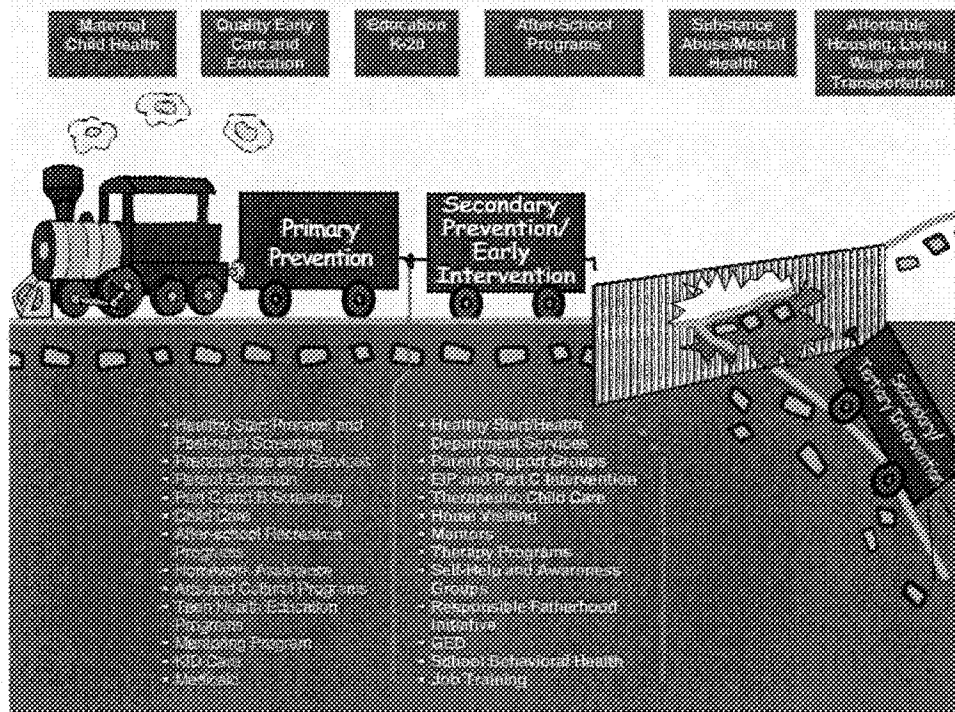
Common Prevention Goal - Prevent kids from ever being abused, neglected or arrested.

Common Terminology - Prevention means:

- *Primary Prevention* – geared to the general population;
- *Secondary Prevention/Early Intervention* – for children & families deemed at risk and are self-referred

Joint Planning - Alignment/integration and enhancement of existing plans and initiatives



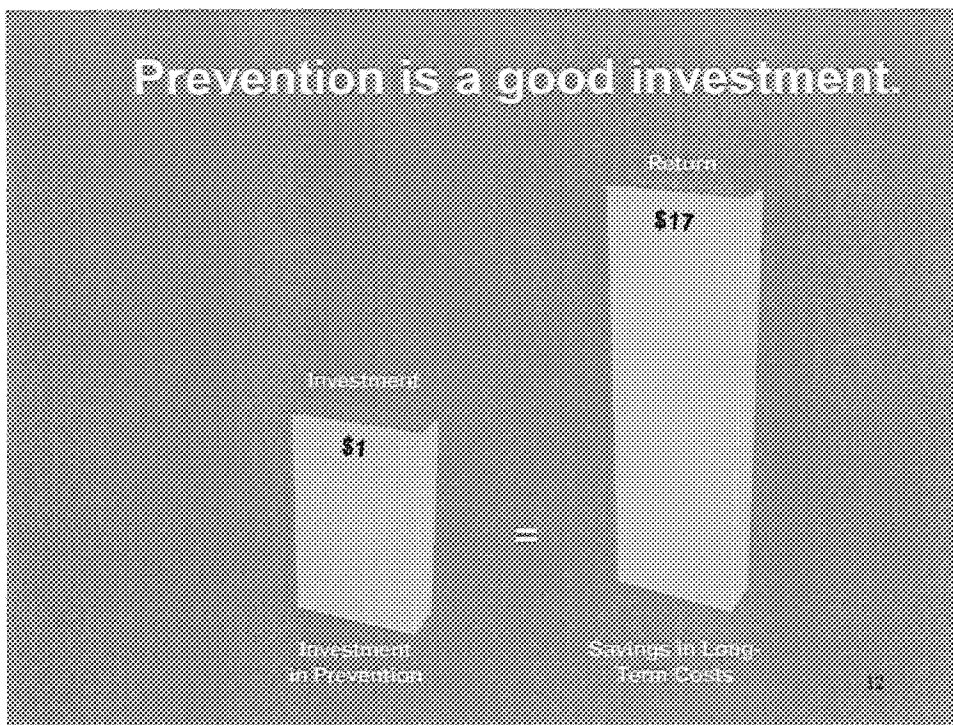


Prevention Plan Requirements:

- Magnitude of child abuse.
- Description of programs in place.
- Prioritization of local needs.
- Plan to meet identified needs.
- Description of barriers.
- Recommendations for changes at state level.

Community Prevention Priorities:

- Economic Self-Sufficiency
 - Affordable housing
 - Living wage jobs/benefits/economic supports
- Maternal Child Health & Early Learning
- Quality After School Care
- Educational Attainment – HS graduation
- Interventions for Adults At Risk of Substance Abuse



CINDY ARENBURG SELTER, President/Chief Executive Officer Children's Services Council (CSC) of Broward County.

Identifying gaps in Services for Special Needs:

- Many parents need help, identifying what services exist and plugging the parents into the proper programs is essential
- Research is being done to understand the current system of care in Broward County with the intent of providing a strategy to create and maintain a supportive system of care for children and their caregivers.
- Ensuring quality after school care is important
- Building capacity for quality improvement must be done and the Children Service Counsel works to create an unbroken link of services
- Measuring Quality and Outcomes must be done to assure accountability
- Family Strengthening is important to increase the parents' child development and care giving skills.
- Provider training is essential for successful outcomes
- The community is the biggest asset to prevention, community partnerships provide a framework to offer more services to meet the individual needs of the parents and the children.

Budget:

- FY 2004 the total expenditures for CSC was \$37,551,528

R.V. Brown, Executive Director Outreach to America's Youth, Inc., Odessa, Florida.
(What follows is an unofficial transcript of Mr. Brown's comments).

Outreach to America believes that our youth are our future. As they reach life's crossroads, it is vital that they make wise choices. Outreach offers programming to equip young people to do just that. Through motivational speaking and visual presentations, students are challenged to evaluate their perception of issues they are facing today.

- Children and parents must be compelled to evaluate their actions and attitudes
- Students must think about where they stand academically, relationally (with peers, teachers, and parents), and to begin focusing on their future.
- Many of America's youth are shackled with problems. Their lives are hopelessly enslaved by high drop-out rates, illiteracy, crack, alcohol, low self-esteem, disrespect for self and others, crime, teen pregnancy and many, many other obstacles that are like links on a chain, binding our youth.

Solutions:

- Community partnerships are the framework to improving the child welfare system.
- Building a stronger family unit must be done to ensure that kids are taught the values they to survive.
- Influence youth to make positive life choices to break the chain of abuse.
- Motivate parents, educators, and communities to get more involved with their youth.
- Parents must take a more active role in their child's development.
- Communication must be strengthened between school, parents, community and church.
- Reform those in the prison system -- it is unfair to think they will be successful parents when they get out of prison if they don't have the skills.
-

Public Testimony Participants

A summary of the information provided during public testimony is not available in this publication. This document will only list the names of persons who testified and who they represent.

- Jay Bonner, Chairperson, C15 Juvenile Justice Board, Palm Beach Gardens, Florida
- Darlene Foster, Boynton Beach, Florida
- Jan Huffert, CEO, Hibiscus Children's Center, Jensen Beach, Florida
- Dr. Sylvia Jackson-Hamilton, Commission on Family & Marriage Support Initiatives, West Palm Beach, Florida
- Maisie Ross, Extension Agent/Program Leader, University/IFAS, Palm Beach County Extension, West Palm Beach, Florida
- Randi Solomon, Family Advocacy Resources, Royal Palm Beach, Florida